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A LETTER

TO

DR EDWARD RIGBY,

PHYSICIAN IN LONDON,

FROM

DR HAMILTON,

PROFESSOR OF MEDICINE AND MIDWIFERY IN THE UNIVERSITY OF
EDINBURGH.



SIR,—A friend put into my hands last night your letter, dated April 18th, 1837, addressed to the respected Editor of the London Medical Gazette, and I hasten to notice it.

In that letter, you accuse me of having “un-
“warrantably impugned your father’s veracity,”
and of having “endeavoured to detract from
the merits of his well known and valuable
Essay on Uterine Hæmorrhagy.” In vindicat-
ing myself from those serious charges, I shall
endeavour to adopt a very different tone of lan-

guage from that in which you have been pleased to indulge.

Perhaps I may be permitted, before entering upon this vindication, to ask, what possible motive you could assign for my “unwarrantably impugning your father’s veracity, and endeavouring to detract from the merit of his well known and valuable Essay?” For above forty years I have been accustomed in lecturing, to state, that his Essay had been most useful in directing the attention of British practitioners to a very important subject. But I certainly from the first refused my assent, both to the originality and to the soundness of some of his doctrines, and this dissent was dictated by a sense of public duty, and by a solemn conviction that the facts and reasoning on which it was founded were incontrovertible.

If I were disposed to evade this discussion, I could at once put an end to it, by shewing, in the *first* place, that if dissenting from the opinions of authors and practitioners on the

various modifications of human disease, were to be held out as “unwarrantably impugning their veracity and detracting from their merit,” no improvement in the practice of physic could ever be attempted.

Secondly, It must be too obvious to require any formal argument, that every improvement in scientific knowledge has been based upon an exposition of the errors of antecedent authors.

I might have availed myself of another excuse for declining to enter into any correspondence with an individual who has assailed me in such terms as you have done, viz., that, as Professor of Medicine and Midwifery in the University of Edinburgh, the commission which I hold, virtually imposes on me the obligation to give full information on every subject relating to my department, and, of course, to point out what may appear to me to be errors of doctrine or of practice in any of the authors whose works may fall into the hands of young

practitioners. But I waive those considerations, and shall now bring forward the evidences upon which I have made the allegations respecting your father's opinions, which seem to have excited so much indignation on your part.

“ The charges,” you remark, “ so unwarrantably brought by Dr Hamilton against my father's memory, are twofold, *firstly*, pirating Levret's Observations ; *secondly*, of erroneous practice.”

If you will take the trouble to read over again the passage from my work which you have yourself quoted, you will find that my first charge is still more extensive, for I declare my conviction, “ that your father availed himself of the discoveries both of Dr Smellie and of Monsieur Levret, while he contrived to make the profession believe that the doctrines in his Essay were original.”

This is a historical fact, which, as Professor in this University, I was not only warranted, but

called upon to record, and although I had assumed it originally rather upon circumstantial than direct evidence, I can now say, that by calling my attention to your father's fifth edition, you have furnished me with a proof which places the matter beyond the possibility of doubt.

The first circumstance which led me to form this opinion, was your father's account of Dr. Smellie's doctrines, which is so very incorrect, that it is impossible to suppose that it was done through inadvertency. He says, page 22 of his third edition,—“ Smellie, in his first volume of Midwifery, more than once mentions the *possibility of the placenta being fixed to this part of the uterus*. And in his third volume, describes several cases in which it was there situated, *but there are no practical inferences drawn from them, nor, in his directions about the management of floodings, are there any rules given relative to this situation of it.*

From the veneration which you must natur-

ally feel for your father's memory, you probably have never read Smellie's Observations, taking for granted that your father's account of them is correct. If this be the case, you will be not a little surprised when I prove to you, that Dr Smellie, many years before your father's Essay appeared, not only detailed in plain language, the accidental and unavoidable causes of hæmorrhagy in the latter months of pregnancy, but also explained most minutely the appropriate treatment in those different cases, thus anticipating all that your father afterwards published.—In his section on the separation of the placenta from the uterus, Dr Smellie has expressed himself in the following words :—Third edition, vol. i., page 170, (1756.)

“ This separation may proceed from all the foregoing diseases and accidents that happen to the mother, from violent shocks, strains, overreachings, falls, and bruises on the abdomen ; as also, from vehement coughs, vomitings, or strainings at stool when the body is costive. The separation of the placenta is always accom-

panied with a discharge of blood from the vessels of the uterus, more or less, according to the term of pregnancy, or as the placenta is more or less detached."

"This discharge is distinguished from the menses by the irregularity of its period, by its flowing in a larger quantity, and, after a small intermission, its return upon the least motion of the patient."

"The younger the woman is with child, the danger is the less; because, though a considerable quantity of blood be lost, it does not flow with such violence as to exhaust her immediately, and therefore she may be supported, and her spirits kept up with proper cordials and nutritive diet. But when such hæmorrhagy happens in any of the three or four last months of pregnancy, the danger is much more imminent, especially towards the full time; because the vessels of the uterus being then largely distended, a much greater quantity of blood is lost in a shorter

time ; yet, in both cases, the floodings will be more or less, as there is more or less of the placenta separated from the womb, and when this happens in a very small degree, the discharge may, by right management, be sometimes stopped, and everything will happily proceed to the full time, but if this purpose cannot be effected in a woman young with child, the principal intention ought to be a mitigation of the hæmorrhagy, leaving the rest to time and patience, as a miscarriage in the first five months is seldom attended with hazard ; on the contrary, nothing can be more dangerous than such an effusion in any of the four last months, provided it cannot be immediately restrained. In this case we are often deceived by a short intermission, occasioned by coagulated blood that locks up the mouth of the womb, which being pushed off, the flooding returns ; and hence we account for its returning so commonly, upon motion, a fit of coughing, straining at stool, or any effort whatever."

“ On the first appearance of flooding, the patient ought immediately to be bled to the amount of eight or twelve ounces, and venesection repeated occasionally, according to the strength of the constitution, and emergency of the case. She ought to be confined to her bed, and be rather cool than warm; if costive, an emollient glyster must be injected, in order to dissolve the hardened fœces, that they may be expelled easily without straining; internally, emulsion with nitre must be used, and mixtures of the tinct. rosar. rub. acidulated with sp. of vitriol, as the cooling or restraining method shall seem to be indicated; but above all things, opiates must be administered to procure rest, and quiet the uneasy apprehensions of the mind; for diet, let her use panada, weak broth, and rice gruel; she may drink water in which a red hot iron has been several times quenched, mixed with a small proportion of red burnt wine; she must abstain from all the high seasoned foods, and even flesh meat or strong broths, that will enrich the blood too fast, and quicken the circulation. But if, notwithstand-

ing this regimen, the flooding shall continue and increase, so that the patient becomes faint and low with loss of blood, we must, without further delay, attempt to deliver her, as in Book iii. chap. 9, sect. 3, though this is seldom practicable, except in the last months of pregnancy, and then will be the easier preformed the nearer she is to her full time, unless labour pains shall have assisted or begun a dilatation of the os internum."

"It is happy for the woman in this case, when she is so near the full time, that she may be sustained till labour is brought on, and this may be promoted, if the head presents, by gently stretching the mouth of the womb, which being sufficiently opened, the membranes must be broke, so that the waters being evacuated the uterus contracts, the flooding is restrained, and the patient safely delivered. At any rate, if the hæmorrhagy returns again with great violence, there is no other remedy than that of delivering with all expedition, according to the

method described in Book iii., chap. 4, sec. 3, and Book iv., chap. 1, sec. 3."

Now let us compare this with your father's practice in cases of accidental hæmorrhagy.

" If, on the contrary, it be clear from a careful examination of the uterus, made in the way above mentioned, that the placenta is not at the mouth of it, and that the coming on, or increase of labour, will not of necessity increase the discharge, provided it be not very profuse (for let it be remembered, that I am supposing the examination to be made early, and before any very considerable quantity of blood has been lost), it certainly will be proper to wait for the natural pains ; and, in the meantime, to use such methods as are likely to restrain the flooding, which are, admitting a free circulation of cool air into the room, keeping the patient in an horizontal posture, giving her anodyne, tinct. rosar., &c., and supplying her frequently with such cool and simple nutritious drinks as will support her without quickening the circulation.

From pursuing this method, it will often happen that the discharge goes off entirely ; and if the woman be not arrived at her full term, and she be kept very still and calm, that it does not return before labour comes on ; but if it should continue, or return frequently, it will be right, if possible, to bring the uterus into a state of contraction, by exciting some pain, which may often be done by gently irritating the os uteri with the finger ; if this succeed, and the mouth of the uterus be thereby so far dilated, that the distended membranes may be felt, they must be immediately pierced by passing a probe along the finger, as upon the discharge of water thus produced, the womb necessarily contracts to a certain degree, and the flooding proportionably abates ; this is, for the most part, soon succeeded by slight pains, which, if the child present fair, have very soon an effect upon it, and push it down."

" But if, notwithstanding the mode of treatment above recommended, the discharge should not lessen, if the evacuating the waters should

not abate it, and if, moreover, labour pains sufficient for expelling the child should not succeed, and the flooding should still increase, so as to endanger the life of the patient, I should imagine it hardly necessary to say, that even in this case, as well as when the placenta is fixed to the os uteri, the only certain method of stopping it should be used, namely, the delivery of the child by turning ; for though I have never yet met with a case that, under such circumstances, has required it, and believe such very rarely happens ; yet I would not be supposed to say such a one cannot occur, as the separation of the placenta may, for instance, be produced by such violence done to the abdomen, and the hæmorrhage may be so profuse, that nothing but a speedy delivery by art will put a stop to it ; I only mean, that when we are called in early to flooding cases, if we judge only by the quantity of blood that has been lost, which may be small, and the present strength of the woman, which may be considerable, we must frequently be deceived in our judgment of the cases, and be in danger of using a wrong

method of treatment, but that the knowledge of the causes which produce them, will, in the one case, for the most part justify our waiting, and in the other, will invariably prove the propriety of turning the child."

From thus contrasting Dr Smellie's with your father's directions for the treatment of cases of accidental hæmorrhagy during the latter months of pregnancy, it must appear to every unprejudiced reader, that your father repeated in 1776, without acknowledgment, the opinions and the practice which Dr Smellie had published in 1756, at the same time misrepresenting the doctrines of that author.

Perhaps you may allege that Dr Smellie has not insisted with the same earnestness as your father, upon the utility of rupturing the membranes in those cases, as suggested about the beginning of the eighteenth century by Mons. Puzos. But Dr Smellie, in the detail of his cases, recorded in his third volume, has proved that he had the same favourable opinion of

the practice which your father seems to have had.

Thus he says (page 113 of vol. iii., second edition, printed in 1766), on remarking on a case which occurred to him in the year 1733, and which, through his judicious management, terminated favourably.

“At this period of my practice, I did not know that applying styptics in the vagina, and filling it up with dossils of lint, would sometimes restrain the flooding and assist to bring on labour, neither did I know that the breaking of the membranes, to allow the discharge of the waters, was of use to restrain the floodings by allowing the uterus to contract close to the contained embryo or foetus.”

Let us now proceed to cases of flooding in consequence of the attachment of the placenta over the os uteri. Dr Smellie says (vol. i., page 173, edition 3d, 1756.)

“The edge or middle of the placenta sometimes adheres over the inside of the os internum, which frequently begins to open several weeks before the full time ; and if this be the case, a flooding begins at the same time, and seldom ceases entirely until the woman is delivered ; the discharge may indeed be intermitted by coagulums, that stop up the passage, but, when these are removed, it returns with its former violence, and demands the same treatment that is recommended above.”*

“ If the woman is attacked with a violent flooding, occasioned by a separation of all or any part of the placenta from the uterus during the last four months of pregnancy, and every method has in vain been tried to lessen and restrain the discharge, according to the directions in Book ii., chap. 3, sect. 3, the

* “ Smellie, in his first volume of Midwifery, more than once mentions the *possibility* of the placenta being fixed to this part of the uterus.” Rigby’s Essays (page 22, third edition, 1784 ; fifth and last edition during the author’s lifetime, page 25, published 1811.)

operator ought to pronounce the case dangerous, and prudently declare to the relations of the patient, that unless she is speedily delivered, both she and the child must perish, observing, at the same time, that by immediate delivery they may both be saved; let him also desire the assistance and advice of some person eminent in the profession, for the satisfaction of her friends, and the support of his own reputation. When there are no labour pains, and the mouth of the womb is not dilated, it is sometimes very difficult to deliver, more especially if the os internum is not a little lax, but feels rigid.”•

“ If the os uteri is so much contracted that the finger cannot be introduced, some authors have recommended a dilator, by which it may

* “ And in his third volume (Dr Smellie) describes several cases in which it (the placenta) was there situated; but there are no practical inferences drawn from them, nor, in his directions about the management of floodings, are there any rules given relative to this situation of it.”—Rigby, 3d edition, page 23. Fifth and last edition, page 25.

be gradually opened, so as to admit a finger or two. Doubtless some cases may happen in which this may be necessary; though in all those to which I have been called when there was a necessity for forcing delivery, the mouth of the womb was open enough to receive the tip of my finger, so that by gradual efforts I could effect a sufficient dilatation; and it is certainly a safer method to dilate with the fingers and hand than with an instrument. If in stretching the os internum labour pains are brought on, let the operator slowly proceed and encourage them: when the mouth of the womb is opened, if the head presents and the pains are strong, by breaking the membranes the flooding will be diminished; but if she floods to such a degree as to be in danger of her life, and the dilatation does not bring on labour, at least not enough for the occasion, she must be immediately delivered in the following manner; but in the first place, let her friends be apprized of the danger, and the operator beware of promising to save either mother or child; for I have known the woman die in a few minutes

after delivery, although to all appearance she seemed able to undergo the operation, and the child lost from the head's sticking in the pelvis : others again, who were apparently much more weak and exhausted, have recovered, and the child hath been saved."

" The operator having performed his duty in making the friends acquainted with the situation of the case, must gently open the os externum, by introducing his fingers gradually, turning them half round, and pushing upwards ; then forming them, with the thumb, into the figure of a wedge or cone, continue to dilate slowly and by intervals, until his hand is admitted into the vagina ; having thus far gained his point, let him insinuate in the same slow cautious manner, first one, then two fingers, into the os internum, which may be dilated so as to admit the other two and the thumb in the same conical form, which will gradually make way for sliding the hand along between the outside of the membranes and inside of the uterus ; then he must manage as directed in the second case :

If, upon sliding up his hand upon the outside of the membranes, he feels the placenta adhering to that side of the womb, he must either withdraw that hand, and introduce the other on the opposite side, or break through the membranes at the lower edge of the placenta."

"The greatest danger in this case frequently proceeds from the sudden emptying of the uterus and belly ; for when labour comes on of itself, or is brought on in a regular manner, and the membranes are broke, the flooding is gradually diminished, and first the child, then the placenta, is delivered by the pains ; so that the pressure or resistance is not all at once removed from the belly and uterus of the woman, which have time to contract by degrees ; consequently, those fainting fits and convulsions are prevented, which often proceed from a sudden removal of that compression, under which the circulation was performed."

"The younger the woman is with child the greater is the difficulty in opening the os inter-

num ; and more so in the first child, especially if she is past the age of thirty-five."

" We should never refuse to deliver in these dangerous cases, even although the patient seems expiring ; for immediately after delivery, the uterus contracts, the mouths of the vessels are shut up, so that the flooding ceases, and she may recover if she lives five or six hours after the operation, and can be supported by frequent draughts of broth, jelly, caudle, weak cordials, and anodyne medicines, which maintain the circulation, and gradually fill the empty vessels."

Your father's directions for the management of such cases are in the following words:—p. 37.

" Supposing, then, that the placenta should, from this inquiry, be found at the mouth of the womb, the surgeon will be at once convinced of the danger that must unavoidably attend delay, from the impossibility there will be of affording the woman relief by any other means than the timely removal of the child, and will, on that

account, not hesitate to deliver before too great a loss has been sustained."

"In recommending early delivery, I think it right, however, to express a caution against the premature introduction of the hand, and the too forcible dilatation of the os uteri, before it is sufficiently relaxed by pain or discharge ; for it is, undoubtedly, very certain that the turning may be performed too soon as well as too late, and that the consequences of the one may be as destructive to the patient as the other. I am particularly led to observe this, as I have lately been informed, from very good authority (namely, a gentleman to whom one of the cases occurred), of three unhappy instances of an error of this sort, which happened some years ago to three surgeons of established reputation, who, from the success they had met with in delivering several who were reduced to the last extremity, were encouraged to attempt it where but very little blood had been lost, in hopes that their patients' constitutions would suffer less

injury, and their recovery be more speedy ; which, till the experiment was made, was a very reasonable supposition ; the women died, and they seemed convinced that their deaths were owing to the violence of being delivered too soon, and not to the loss of blood, or any other cause.”

“ It becomes, then, necessary to endeavour to ascertain with a degree of accuracy the precise time when we may proceed to deliver, without fear of incurring the ill effects either of precipitancy or delay.”

“ It has been advised never to introduce the hand till nature has shewn some disposition to relieve herself, by the dilatation of the os uteri to the size of a shilling or a half-crown ; and this rule is certainly founded on a rational principle ; for when it is so much dilated, there is no doubt but the turning may be easily and safely effected ; but from some of the annexed cases it appears, that a dilatation to this degree sometimes does not take place at all, and that even when the woman is dying from the great

loss of blood, the uterus is very little open ; the reason for which seems to be, that when the discharge has been considerable, and more particularly when much blood has been suddenly lost, such a faintness is brought on, that though the uterus be totally relaxed, and might therefore be opened by the most gentle efforts, yet nature is unable to make use of those efforts ; and moreover, if there be slight pains, the adhesion of the placenta to the internal surface of the mouth of the womb counteracts their influence, and thereby hinders its giving way to a power, which would otherwise, probably, very easily open it.”

“ It appears, then, that this rule, if invariably adhered to, would in some cases, be attended with danger, as we might wait for the opening of the uterus till it was too late to relieve the woman by turning the child ; and for this reason it seems right, that we should sometimes be as much influenced by the os uteri being in a state *capable of dilatation* without violence, as by its being really open ; when this is the case, there-

fore, if the woman's situation demand speedy assistance, we should not hesitate to attempt delivery, even though to the touch the uterus seem quite shut, more especially as, in making the attempt, we shall know before we can possibly have injured the uterus, whether it be safe to proceed. If the womb readily give way, and the hand pass with ease, we may be certain no harm will follow, and may on that account prosecute the turning ; but if, on the contrary, there immediately come on a contraction of the os uteri, that in a purse-like manner tightly surrounds the fingers, it will prove difficult, and we ought therefore to desist, and wait till the part be more relaxed by pain or discharge, as difficulty in these circumstances is the truest criterion of danger."

"To steer safely, then, between the two dangerous extremes, it appears necessary that, on the one hand, we should never deliver till the dilatation of the womb can be effected by easy means ; and, on the other hand, when it has been sufficiently relaxed by discharge, if

the woman have suffered much by it, that we should no longer defer it, notwithstanding, from the absence or inefficacy of pain, the os uteri should remain unopened; yet, after all, as turning seems to be chiefly necessary when the placenta is fixed to the mouth of the womb, and that circumstance can seldom be known till the hand be introduced into the vagina, and one finger be insinuated into the uterus, I should imagine it not very likely that we should often be in danger of injuring the patient by premature delivery, as when the hand passes easily into the vagina, I should suppose there will be seldom much difficulty in its admission into the uterus."

"In introducing the hand, for the purpose of turning, when the os uteri has been carefully dilated, if the separated part of the placenta be immediately presenting, it is best to endeavour to pass the finger through the substance of it,* and by degrees with other fingers

* Dr Rigby was anticipated in this practice by Dr Smel-

to enlarge the opening, till the hand can get through it into the cavity of the uterus : the obvious reason for this is, that by this means not more of the placenta may be separated than is necessary for the introduction of the hand, and consequently that as little increase of bleeding as possible may be produced by the operation ; but if it be impracticable, as I have more than once found it, and it must ever be when the middle of the placenta presents to the hand ; from the thickness of it near the funis, it must be carefully separated from the uterus on one side, and the hand passed till it gets to the membranes, which being easily broken, it is admitted into the bag, the floating foetus is turned, and the delivery finished, as in preternatural positions

lie, in the year 1750. In detailing a case (vol. iii. page 139,) which occurred in 1750, he says,—“ In passing up my hand by the placenta into the uterus, I could not break through the membranes, I was therefore obliged to withdraw it, and push my fingers through the placenta, then I delivered the child in the preternatural way, on which the flooding stopped.”

of the child, except that in this case, the extraction should be more slow, that the uterus may not be unable to contract by being too suddenly emptied ; a moderate pressure from the hand of an assistant, upon the abdomen, as the child is coming away, will likewise be of use to assist the contraction.* The placenta being at the os uteri, and being usually separated, more by the introduction of the hand, commonly comes away immediately, but if a part of it should remain adhering, and the discharge continue, it should be carefully

* “ The midwife was seated on the opposite side of the bed, on purpose to press with both her hands on the abdomen, to prevent as much as possible the patient’s fainting away from the too sudden evacuation of the uterus.”—Smellie, vol. iii. page 122.

“ While I was employed in dividing the funis of the child, which was alive, one of the assistants told me, that the woman was fainting away. I immediately gave her the child, and pressed on the abdomen of the patient with both my hands, having forgot that precaution in the time of delivery. I reflected afterwards that the fainting did not proceed from any new evacuation of blood after the delivery, as there was very little on the cloths, but from the neglect of the pressure.”—Smellie, vol. iii. page 127.”

removed, and as it is so near, it may easily be done.”

Having thus shewn that your father borrowed all that has been supposed valuable, in his directions for the management of cases of uterine hæmorrhagy, in the latter months of pregnancy, from Dr Smellie's works, I proceed to state the second circumstance which led me to conclude, that your father had availed himself of the discoveries of Smellie and Levret, while he contrived to make the profession believe, that his own doctrines were original. In his third edition, published in the year 1783, page 24, he says, “ In Levret's Treatise on Midwifery, published at Paris a few years ago, there is a very excellent dissertation on this subject, in which the author proves from very satisfactory reasoning, that the placenta may be situated on the os uteri, without having been previously separated from some other part of it and pushed down there ; he illustrates this by four cases in which the placenta was at-

tached to the os uteri; two of which were under his own care; another was communicated by a friend, and the last was taken from the relation of a dissection of a gravid uterus, published in the Memoirs of the Royal Academy of Sciences, at Paris, in 1723, in which the placenta was found there situated, and had been the cause of an hæmorrhage, which proved mortal.” *

It could not fail to strike me, on looking into Levret above forty years ago, that your father had borrowed his ideas without acknowledgment.

Mons. Levret, after mentioning that passions of the mind, and corporeal injuries may separate the placenta in the latter months of pregnancy says,—“ But in the particular case which forms the subject of this dissertation, it is impossible to prevent hæmorrhagy previous to de-

* The very same paragraph is repeated *verbatim* in his fifth edition, published in 1811.”

livery. It is where the placenta had become fixed to the lowest part of the body, and upper part of the neck of the womb.”

After stating the importance of being acquainted with this fact, Mons. Levret says, “ I undertake to prove, in the *first* place, that the placenta is sometimes attached to the circumference of the internal orifice of the womb.”

“ *Secondly*, That in that case hæmorrhagy is unavoidable during the latter months of pregnancy. And,

“ *Thirdly*, That there is no more certain method of relieving the urgent symptoms arising from that cause than forcing delivery.”—
Supplement aux Ouvrages, de M. A. Levret, page 345, published in 1761.

Such were the circumstances which led me to assume that your father had contrived to make the Profession believe that his doctrines were original. But although they produced a

strong conviction upon my mind, I should have most readily corrected and apologized for the mistake, if evidence could have been brought forward to shew that your father had openly and candidly acknowledged his obligations to Dr Smellie, and to Mons. Levret.

Considering the terms in which you have been pleased to characterize my account of your father's work, I certainly did expect that you were prepared to make some such explanation. But instead of this you mention that in the year 1811, in a preface to the fifth edition of his Essay, he had stated, that while his first edition was at press, and even before the first sheet was printed, Levret's Dissertation had fallen into his hands ; and that, in a note, he had referred to it as an additional testimony that the placenta is sometimes originally attached to the os uteri.

By your father's own admission, therefore, it appears that he saw Levret's Dissertation in the year 1776, before the first sheet of his first edi-

tion was printed off, and that he was struck with the coincidence in the sentiments, and even in the expressions (considering the difference of language), with his own doctrines. It further appears, that he allowed THIRTY-FIVE years to elapse before making this acknowledgment, during which period his *well known and valuable Essay*, as you term it, went through four editions, each of which contained, *literatim et verbatim*, the account of Dr Smellie's and Mons. Levret's Observations, which he had inserted in his first and second editions. Nay, further, in the fifth edition, in which he has endeavoured to exculpate himself from the charge of plagiarism, he has continued his *misrepresentations*.

Even if this tardy explanation respecting Levret were considered satisfactory (which no accurate reasoner could admit), the injustice to Dr Smellie remains in full force, and yet it is evident that your father owed much more to him than to Mons. Levret. From the latter his chief plagiarism related to the term *un-*

avoidable hæmorrhagy, while from Dr Smellie he had borrowed the directions for the management of all cases of flooding in the latter months of pregnancy.

And now, Sir, I fearlessly repeat my assertion, that your father availed himself of the discoveries of Dr Smellie and of Mons. Levret, while he contrived to make the Profession believe that his own doctrines were original, and I hold that my duty as Professor of Midwifery is a full and indisputable *warrant* for my recording the fact.

In his preface to the fifth edition, of which I had no cognizance till your letter of April 18th was put into my hands, your father seems to lay particular stress on his having warned the public of the *great frequency* of placental presentation. On this point, too, I feel it my duty as a public teacher in this University to express my dissent, and, in giving my reasons for this dissent, I shall not appeal to the result of my own experience, convinced that you are

not disposed to receive it with much favour, but shall refer to authentic public records.

Your father declares, that at the time he published his fourth edition, viz., 1789, he had attended forty-three cases of placental presentation.—That this was his solemn conviction I admit most unreservedly. But I must remind you of the great difference between belief and reality in regard to the interpretation of the phenomena of nature ; and therefore, when I declare that I see great reason for doubting the fact, I protest against being accused of *impugning* your father's *veracity*.

For, in the *first* place, it appears by the statement in the subjoined note,* that the placental

* According to Madam Boivin's account of the proportions of labour in the Hospice de la Maternité of Paris, from the year 1797 to 1811, during which time 20,357 women were delivered in that hospital, there were eight cases of placental presentation, being in the proportion of one in 2554.

In the Dublin Lying-in-Hospital, during Dr Clark's mastership, being a period of six years and nine months,

presentations happened only twenty-three times in 47,158 labours, according to the records in the public hospitals in Paris and in Dublin, being in the proportion of one in 2050 labours, which it would be ludicrous to call a very frequent occurrence.

Secondly, Without adverting to an expression often repeated in your father's Essay, that the patients were at the full period of pregnancy when the flooding begun, *which is physically impossible if the placenta be originally attached to the cervix or os uteri*, I may remark, that cases occasionally occur which imitate placental presentation, of which your father has recorded one instance of an unusual modi-

10,387 were delivered, and there were four cases of placental presentations, being in the proportion of one in 2596. And in the same Dublin Hospital, under the mastership of Dr Collins, during seven years, 16,414 were delivered, and there were eleven cases of placental presentation, being one in 1492. But taking the aggregate number of 47,158, the proportion is one in 2050.

fication.* I allude to cases where a lobule of the placenta, situated on the ovum, at the distance of some inches from the general mass, happens to adhere to the cervix or os uteri.

At any rate, even admitting the reality of forty-three cases in the course of very extensive practice, considering the eminence which your father had attained, that number, disproportioned, as it must appear, to the ordinary

* The modification referred to is thus described by your father, third edition, page 126—fifth edition, page 144.

“ There was a peculiarity in the form and texture of the placenta in this case that deserves notice, as probably the hæmorrhage was, in some measure, occasioned by it ; instead of the usual circumscribed and circular cake, thick in the middle, and becoming less and less towards the edges, it was an uneven mass, thinly, and in some places almost superficially spread over near one side of the uterus ; the edges of it terminated in a broken manner, forming somewhat like the lines of a very irregular island on a map, and one edge making almost a detached lobe, hung down on one side of the os tincæ, and was, I was now convinced, what I had before felt, and what had probably produced some of the flooding, but the principal discharge seemed, by the discolouration of the placenta, to have arisen from a separation of it higher up in the uterus.

course of nature, does not warrant the allegation that the case is *very frequent*.

Having thus disposed of your first charge, I proceed to consider your second, which you have stated in the following words:—"With respect to Dr Hamilton's second charge, viz., that Dr Rigby's inferences have led to very serious errors in practice, and that as to his view of the subject, every member of the profession can bear witness to its inaccuracy," "I will not attempt to answer it, but will confidently appeal to the whole profession (with the exception of himself and compatriot), and ask whether the inferences which my father has drawn, and the rules for treatment which he has laid down in his Essay, are not the most accurate, simple and valuable which have ever been published upon the subject."

On this paragraph of your letter I refrain from making the comments which some of my friends have suggested; and I do not accuse you of having *intentionally distorted and mis-*

represented my meaning. As you had quoted, in the first part of your letter, the full paragraph from my work which relates to my dissent from your father's doctrines, you may have supposed that any person reading your letter would naturally revert to that paragraph.

But my fear is, that a large proportion of the readers of the London Medical Gazette might, from inadvertence, misunderstand what I had said on the subject, and might suppose, from the last paragraph of your letter, that the strong expressions in which you have indulged were well founded.

If you had repeated my words, or if you had explicitly stated that my objections to your father's inferences related distinctly to his professed belief, "that by ascertaining the *cause* of hæmorrhagy (in the latter months of pregnancy), the probable event could be certainly predicted, and the appropriate treatment as certainly decided upon," the inapplicability of your censure would have been at once evident.

It has been my endeavour, in my Observations on Uterine Hæmorrhagy in the latter months of pregnancy, to shew, that *accidental* hæmorrhagy is in many cases as dangerous as that which is *unavoidable*, and that the adoption of your father's opinion, that “in the *one* case the powers of nature may, for the most part, justify our waiting, and in the *other*, that it will be invariably proper to turn the child,” must lead to serious errors in practice, and I shall now briefly recapitulate the arguments upon which I maintain this opinion.

Firstly, Sometimes it is impossible, when the flooding begins, to ascertain the true cause, partly from the reluctance of the patient to submit to examination,—partly from the undilated state of the os uteri, and partly because a stray lobule of the placenta, attached to the cervix uteri, does for a time, produce the same phenomena as if the whole mass were there implanted.

Secondly, It has been incontestibly proved by the records of public hospitals, as well as by

the writings of respectable practitioners, that accidental hæmorrhagy not unfrequently proves fatal, which is directly at variance with your father's inferences ; and it is upon this fact that my public duty compelled me to state, that his inferences had led to serious errors in practice. For example, Dr Ramsbotham, whose high respectability you must acknowledge, has recorded, that in seventeen cases of accidental hæmorrhagy, eight patients were lost.

You allege that the whole profession, with the exception of myself and compatriot, admit the correctness of the inferences alluded to. I can, however, adduce in refutation of this allegation, the testimony of a witness to whom I do not anticipate any objection on your part, and that witness is *your own Father*. In his third edition, page 71, he says, in a note respecting those inferences,—“ I have learned, however, that some practitioners, whose opinions deserve the highest respect, have still thought that I have expressed myself too confidently of nature's ability, to relieve herself

under these circumstances," (meaning the accidental separation of the placenta.) "It may not be improper to repeat, that I am far from supposing that the placenta may not, in some instances, when not at the mouth of the womb, separate so suddenly, and to such an extent as to occasion a discharge so considerable, as to require the immediate interference of art, and as I trust that I should not hesitate myself to turn the fœtus under such particular circumstances, I should be sorry that others should be induced to omit it under the same, merely because it would be contrary to the mode of treating these cases, which I think myself fully justifiable in recommending as generally proper."

By this quotation (which, by the by, is repeated *verbatim*, page 75 in the fourth edition, and page 84 in the fifth edition, published in 1811), you will observe that other respectable practitioners as well as your father, called in question the accuracy of his inferences; an additional proof that you have either *misunderstood* or *misrepresented* my opinion.

The remaining accusation in your letter to the editor of the London Medical Gazette, that "I have endeavoured to detract from the merit of your father's valuable and well known Essay," I can dispose of in a very few words. For above forty years, I have stated, in lecturing, as already mentioned, "that Dr Rigby had the merit of directing the attention of practitioners to those alarming cases of uterine hæmorrhagy in the latter months of pregnancy,"—a testimony in his favour which I do not retract. But, instead of admitting that "the rules for the treatment of such cases which he has laid down in his Essay, are the most accurate, simple and valuable, which have been published," I must declare my conviction, that in so far as they deviate from the rules previously published by Dr Smellie, they have led to very serious errors in practice.

In conclusion, I must express my sincere regret at your having forced me into this discussion, and I have no doubt, that before many months elapse, you will participate in this sen-

timent. Personal attacks on medical men of acknowledged respectability, couched in intemperate language, cannot fail to degrade the profession.

As my object throughout life has been to improve medical knowledge, and to elevate the character of medical practitioners by extending the sphere of their usefulness, nothing can be more repugnant to my feelings, than being compelled to detect errors of doctrine or of conduct, either in authors who have preceded me, or in contemporaries, who continue, like myself, to use their best endeavours to alleviate human suffering. You need not, therefore, be surprised at my declining any farther correspondence on this subject.

I have the honour to be,

SIR,

Your obt. humble Servant,

JAS. HAMILTON.

EDINBURGH,
23, ST. ANDREW SQUARE,
May 4, 1837.